WOMEN & HIV/AIDS

Of the 40,700 new AIDS cases reported among adolescents and adults from July 2000 through June 2001, 10,117—24.9 percent—were among women.[1] This proportion has steadily risen over the past 5 years (it was 21.6 percent in 1996,[2] in part because women are less likely to be seen regularly by a clinician experienced in HIV/AIDS care, to be on antiretroviral therapy, to be on a three-drug combination, or to be taking a protease inhibitor.[3,4]

SURVEILLANCE

The majority of reported AIDS cases among females are in black and Hispanic women. Between July 2000 and June 2001, blacks accounted for 63.7 percent of reported female AIDS cases and Hispanics accounted for 17 percent.[5]

Both AIDS incidence (new AIDS cases) and mortality (deaths from AIDS) have declined since the introduction of antiretroviral therapy, but less so among women than among men. The decrease in mortality was 47.5 percent for women from 1996 to 2000, but 62.4 percent for men.[6] Incidence fell an estimated 21.8 percent in women, but 37.4 percent—almost twice as much—in men.[2]

The effects of antiretroviral therapy on AIDS incidence appear to be waning. Estimated AIDS cases among females declined just 3.5 percent from June 2000 to June 2001.[1,7]

AIDS mortality is also falling less rapidly than in the past—only 10 percent among women between 1999 and 2000, compared with 34.4 percent between 1996 and 1997.[5]

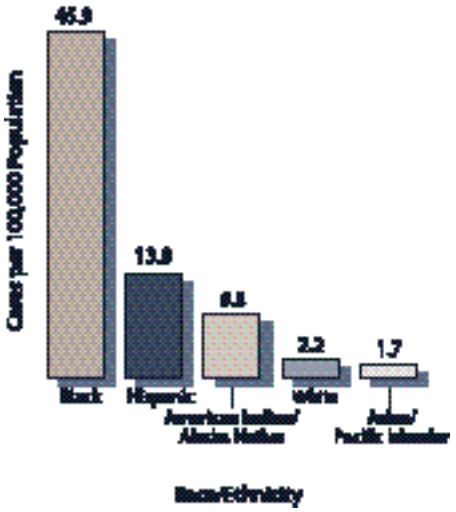
CRITICAL ISSUES

The HIV/AIDS Bureau's Client Demonstration Project, which collects data on clients receiving services at CARE Act-funded providers, found that among women, receipt of medical care services, emergency financial assistance, housing assistance, or transportation services in 1997 was predictive of continuing receipt of services in 1998. This finding indicates that many women are not moving out of poverty and have a continuing need for support services.

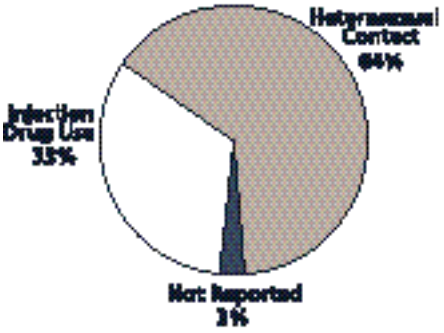
Approximately two-thirds of HIV-positive women are mothers of at least one child under age 20. The responsibilities of caregiving complicate accessing care and adherence to treatment.

The HIV Cost and Services Utilization Study found that "compared with others in the nonelderly population, adult patients with HIV were about half as likely to be employed, to have a household income above the 25th percentile, or to have

AIDS Rate Among Adult and Adolescent Women, by Race, 2000[12]



Estimated Female Adult and Adolescent AIDS Cases, 2000, by Exposure Category[13]



private insurance."[3]

Most women who are HIV positive live in poverty and were already poor when they learned their serostatus.[8,9] A study of HIV-positive women from four urban areas in the Northeast indicated that 72 percent had incomes of less than $1,000 per month. A Maryland Medicaid study showed that 75 percent of the HIV-positive women who receive Medicaid in that State did so before they were diagnosed with HIV.

Gender alone does not predict adherence to treatment regimens, but trying to meet subsistence needs with limited resources—a problem more significant among women than men—interferes with behavior change and accessing services.[10,11]

Among HIV-positive women, psychological distress poses a significant barrier to care. In one study, 31 percent of women who tested positive for HIV delayed accessing care for 3 months or longer because of fear, depression, and anxiety about their serostatus.[4] Psychological distress among women is compounded by high rates of discrimination, abuse, and domestic violence: Of the 2,000 women enrolled in the National Institutes of Health Women's Interagency HIV Study, nearly 50 percent report a history of sexual abuse and 60 percent were victims of domestic violence.

WOMEN & THE RYAN WHITE CARE ACT

All CARE Act programs serve HIV-positive women, and the legislation mandates that women be served in proportion to their representation in the epidemic. Title IV of the CARE Act funds services specifically for women, infants, children, youth, and families in 26 States, the District of Columbia, and Puerto Rico.

In 2000, the Health Resources and Services Administration's HIV/AIDS Bureau published A Guide to the Clinical Care of Women with HIV, the first text providing comprehensive information on the clinical care of women living with HIV disease. (Copies are available at 1-888-ASK-HRSA.)

CARE Act grantees provide medical care for women at much higher rates than do non-CARE Act providers. According to the HIV Cost and Services Utilization Study, women constituted 26 percent of the caseload at CARE-Act funded sites in 1996, compared with 18 percent at non-CARE Act-funded sites.[3]

The experience of CARE Act providers is that comprehensive and coordinated care—medical treatment, case management, support services, and care for the

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